

Addressing social care needs and well being of older migrants and ethnic minorities in the UK

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Abstract:

Population ageing is a phenomena happening all over the world. In the United Kingdom (UK), all groups of the population are growing older. These include people from different background, migration history, life experience and culture. Many studies highlight the relationship between the experience of people during various stages of their life, including childhood and adulthood working lives, on their health at older age. It is not a surprise then to observe an increasing policy and practice interest in migrants ageing in the UK. The latest UK census (2011) shows that more than half of London's population identified their ethnicity not to be 'White British' and one in six people in the UK aged 65 or over. However, older people from Black and Ethnic Minority groups vary considerably between themselves and cannot be viewed as a homogenous group. How people migrated, their level of involvement in the labour market, their education and their participation in various activities are some of the factors that impact on their experience of ageing. Additionally, culture norms and perceptions are directly related to expectations from family, community and the wider health and social care system in providing care support. In this presentation I will draw on various studies related to ageing among different groups of older people from BME background reflecting on some strengths and challenges that different groups may encounter. The presentation aims to provide a more sympathetic understanding of subjective and structural barriers that some groups may face when accessing and receiving health and care services. It will conclude by a discussion of various strategies that materialise on various cultural norms to facilitate more effective communications and service acceptance.

Introduction:

There is an increasing policy and practice interest in migrants ageing in different European countries and cities, and the UK is no exception. As the phenomenon of population ageing and international migration dominate the socio-demographic change in Europe and beyond, the relevance of understanding the experience of older migrants increases. The latest UK census (2011) shows that more than half of London's population identified their ethnicity not to be 'White British'. With one in six people in the UK aged 65 or over, there is a great need to understand what old age means for different groups and what are the implications on long term care needs. How are long term care needs are influenced and shaped by people's ethnicity and migration histories and what are their implications on social policy and in practice?

Research on ageing and immigrant communities in Europe has started to gain pace over the last decade (e.g. Bolzman et al. 2004, Warnes et al. 2004), with some highlighting migrants' worsening experience as they grow older (e.g. Reijneveld, 1998, Wurff et al. 2004). Migrants are not only ageing in Europe but many bring histories of poverty and exclusion during their working-age groups to their experience as older migrants.

White (2007, p.1284) highlights the importance of the interrelated multiple facets of exclusion among older migrants; *'In Germany the familiar three 'As' of exclusion (Arme, poor; Alte, old; Ausländer, foreigners) have increasingly been seen to involve the combination of all three'*. The majority of first generation migration to the UK was economically motivated prompt by host countries desire to fill low-paid, secondary position, labour shortages, which set key parameters to their migrant life trajectories in the host country. There are, of course, some groups of older migrants who did not necessarily follow the same difficult path and older migrants are by no mean a homogenous group. However, the majority of labour migration waves to the UK and mainland Europe during the 1960s have to some extent shared a common experience. Such experience is likely to impact on people's wellbeing and mental health. One way of look at mental wellbeing is to think about risks of depression, the prevalence rates of depression among BME older people are broadly similar to those for the white UK population (Shah *et al*, 2009). Evidence on levels of depression and mental health promotion among Black and minority ethnic (BME) older people remains limited (Sherif *et al.*, 2008; Manthorpe *et al.*, 2012). Most of mental health initiatives dedicated to BME older groups are concentrated on clinical interventions when mental health problems are acute with limited preventative initiatives.

There are three main changes taking place in the practice context of social care and mental health services for BME older people. These changes arise from trends in mortality (death rates), mobility and migration, and fertility. First, there is general agreement that there will be more BME older people in the UK, and in England in particular, because people from all communities are living longer. Most ethnic groups in the UK have had younger populations than the majority white British population. This will gradually change and by 2051 the ethnic groups with the highest proportions of people aged 50 and over will be 'other White', Chinese, 'other Asian', white British, Indian, 'other' and white Irish (Lievesley, 2010). One important point to notice is that with increased proportions of older BME people there will also be more BME family carers who in turn may require specific support to enhance their wellbeing.

This paper draws attention to the importance of considering BME older people's mental wellbeing and how this relates to their life journeys. The analysis takes account of the influences of the migratory process, economic activities and social networks on the experience of ageing and long term care needs.

Context

Older population from Black and Minority Ethnic (BME) groups are in the increase in the United Kingdom (UK). The Turkish population is no exception with an estimated population of at least 500,000 in the UK, Turks in the UK represent 1.9-6.5 per cent of the EU total. Until the 1990s, Turkey was commonly referred to as an emigration country, primarily of labour migrants and their families and secondly of refugees migrating to the EU (Düvell 2011). In Europe there are around 3.7 million Turks, the largest single immigrant group in the European Union. The majority of earlier waves of Turkish migrants to the UK and Europe are now in their retirement ages, faced with new dimensions of their migration trajectories of ageing, place and community.

Turkish immigrants constitute the largest single-country origin group in Europe (Vasileva, 2010). While Turkish migrants are not as large a proportion of the UK migrant population as they are in other European countries such as Germany, they are a sizeable part of some migrant communities, especially in London. Yet, the Turkish population in the UK is estimated to be at least 500,000 in the UK. However, given the history of immigration of Turks and Kurds in the UK spanning over five decades, with Turkish Cypriots being the early movers, the total size of Turkish-born and Turkish origin minority is much larger than the official figures. According to the Home Affairs Committee statistics there was at least 300,000 Turkish Cypriots living in the UK in 2011, the vast majority of this group live in the Capital, particularly North London. Migration of mainland Turkish to the UK was associated with the UK textile industry expansion, with the majority of migrant workers arriving to the UK workers' families followed on during the late 1970s. The majority of labour mainland Turkish migrants came from rural areas in Turkey. A distinct group is the Turkish passport holders but ethnically Alevi/Kurdish; arrived to the UK mostly as Refugees since the 1990s due to war conflicts across the Turkish borders and its neighbouring regions. Turks, Alevi/Kurds and Turkish Cypriots living in the UK are sometimes coined as 'invisible minorities', where social markers are not always present and complex interrelationships are in place between the three groups. There is little attention paid to the growing proportion of such communities who are ageing in the UK, and concentrated in London.

Data and Methods

This article is based on analysis of life history interviews of 66 older Turkish migrants, aged 65 years or more, which took place in London between October 2011 and February 2012. This is complemented by analysis of practice approaches that focus on mental wellbeing for BME older people. The research aimed to identify older Turkish migrants' perception of: what constitute 'good' old age; active ageing and healthy lifestyle including mental wellbeing. This was analysed in relation to migration and economic activity history in conjunction with health status and social support. The interview approach was through collecting life histories with prompts exploring migration process, labour market participation, social capital as well as current and perceived care needs. The interviews explored in details older Turkish migrants perceptions of ageing in a 'foreign' country investigating concepts around social and care needs as they grew older. Thus exploring issues of culture and language encounters and challenges as well familiarity, integration and invisibility. Out of the 66 interviews, there were 44 non-care users; 18 care users and 5 older people using community care services. Participants had an almost equal gender split, 34 women and 32 men and had a mean age of 72.3 years. In total there were 13 Turkish, 24 Cypriot and 29 Alevi or Kurds Turks participants.

Findings

Belonging

The majority of earlier Turkish labour migrants were usually recruited to secondary labour occupations, in most cases, within Turkish speaking communities, working as tailors or in shops. Their ageing process was paralleled with a transition from labour and community participation to almost no participation. Many participants in our research showed some sense of limited ability to choose their residential locations as they age that are consistent with their biographies and life histories. These resulted in

high degree of feelings of social exclusion at later age and a sense of marginalisation from their wider communities or localities.

'We lived here for a long time but we had worked entirely with Turkish people as tailors. We do not know much about the English community'

(75 years old, female, Cypriot)

Who I trust? Who should I rely on?

Themes emerging from the analysis were consistent with expectations of 'family systems' with great reliance and expectations of older participants from their off spring and younger family members in meeting their care needs as they grew older. There was a strong emphasis on the family, reflecting its 'central' stage in the ageing process, as identified in earlier research identifying the importance of kinship within more collectivistic societies (Nauck, 2005). These are consistent with other research relating to filial obligations observed in many cultures- where a societal attitude prescribes a duty of care on offspring; particularly towards ageing parents. The latter forms part of culturally-defined rights and duties that specify the obligations to exchange and provide support to one another within a family. Equally older parents are expected to provide child care to their grand children and to financially and emotionally support their adult children.

However, many participants indicated that such family expectations are not usually met due to both pragmatic reasons, or in some cases changes in the attitude of younger generations. For example, if their offspring work and live far away from them or when they are expected to provide child care responsibilities as part of their grand-parenting position and feel that their needs become less important. Some also identified their feelings of being stereotyped by the 'Government' as not in need of care services because they prefer and rely on their family, which is not true in many situations.

While this was the case, participants were dismissal of available 'formal' or outside the family activities, many felt there are limited available activities that are culturally and socially suitable for them. However, very few reported on actual seeking activity from outside their main social network, which may reflect some assumed expectations or possible shared experiences of other members of their community. They had very limited feelings of 'neighbourly support' with individuals being disembedded from community life that is outside of 'their' Turkish community. When needing care or activities suitable to their age, they showed clear preference to those provided by Turkish community organisers, where language barriers were also minimised. Some, however, explicitly indicated their preference to receive care and support from outside the Turkish community, or paid Turkish care workers for this matter, if they had acquired better language skills.

Social isolation at old age

Similar to other research we found that activities organized by cultural centers for older Turkish people promotes feelings of self-esteem, particularly where attending main stream activities can be difficult due to language barriers for example.

'I would like to go Turkish Day care Center, because the other day care speaking only English I don't understand it, I want to speak my own language'.

(67, female, Cypriot)

The vast majority of participants were regular visitors to their local culture Centre, indicating great potential for such centres to play key role in promoting wellbeing and reducing social isolation at old age. However, some older women in particular felt double jeopardy because of language and gender

'Men go the Turkish Cafe or Turkish Community Centre but we [women] are not included in any Centre'

(62, female, Cypriot)

But more importantly, for some, social isolation at older age appears to be a continuation of limited involvement in the community during younger ages. Many of those who worked during younger ages, worked within ethnic communities such as shops and restaurants with limited opportunities for improving English language. These were exasperated with a perception of limited opportunities to participate in the wider community, through volunteering, for example.

"I have been living in England for 35 years; I am illiterate, I did not go to elementary school because there was not a school in our village. I had worked as 'chef' in a Turkish restaurant for 21 years. I did not know English except 'yes' and 'no'. I had never need for speaking English."

(66, Male, Alevi)

Tension between 'ideals and pragmatic realities'

While many of our participants spoke of the importance of having a family to look after them, many highlighted that it is very difficult in reality given that many of their offspring have moved on and live further away. In some cases that social isolation can occur in their own homes when they are supposedly looked after by their offspring. Frieda is an 83 old female, she suffers from obesity which is limiting her mobility. She lives at home and is looked after by her son and his wife. She showed clear signs of isolation highlighting that her family don't talk to her much and she is left in front of the TV most of the time:

'They [son and daughter-in-law don't give me any respect and as a person, I feel very alone in my home. never go out, always at home and front of TV'.

(83, female, Turkish)

Despite the heterogeneity of older Turkish migrants, the majority share barriers related to language, acceptance of care and access that traverse with their culture and heritage. Some participants felt that they are stereotyped into certain category with expectations that most of their needs are met through their own family and community. The current analysis adds to the growing research interest in belonging, identity and location of residence, particularly within the context of ageing. In our study, the end of labour market participation for some Turkish migrants indicates the diminishing of their usual social network and placed them in a particularly vulnerable social position. Suddenly at a later age they need to communicate and interact with a society they may have chosen to minimise their interaction with, cultural and

language barriers start to surface at a critical time in their lives. The majority displayed a sense of environmental insecurity, with little awareness of suitable social and care related services and an additional feeling of within-community isolation that is gendered related.

Messages to practice

The long history of living in the UK but only enveloped in their own community left most Turkish people clearly vulnerable in their old age. The vast majority of our participants were early Turkish migrants who worked in low skilled jobs within enclosed communities, never having the chance to improve their English language or participate in the wider community. While the standing assumptions are the strong kinship relationships and the assumed caring responsibilities within the family, the reality can be different. Older women, in particular showed high degree of social isolation. The majority of older Turkish migrants, despite gender or cultural background (Cypriot, Alevi or Turkish), showed lack of awareness of suitable activities, opportunities for engagements and facilities for active ageing. Language barriers are significant, despite long periods of residency in the UK, with considerable implications to their quality of life.

We found that culture centres play a crucial part in providing safe places for communication and social activities; these can also act as information hubs for wider services and support. If the centres are inter-generational, a whole range of activities could be on offer, including organized trips and outings. These centres would form new social networks providing foundation for the dissemination of information as well as for practical assistance. Migration research has established that social networks are commonly an important determinant of migration plans and the choice of destination but also as surviving mechanism while living in the host country.

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